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Health Educators At Work

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"Glaucoma Can Rob You of Sight

.... but it can be detected; it can be controlled."

John G. McCormick

This has been the essence of the educational message used to interpret a new glaucoma screening clinic which opened last April in the Town of Brookline. By the end of 1958, a total of 1,802 residents over 40 heeded this message and had a free eye examination sponsored jointly by the Brookline Lions Club and Health Department.

One hundred and thirty-four people were referred for possible glaucoma, and 248 for other eye defects. Of these, 31

cases of glaucoma were confirmed along with 113 other eye conditions. About 200 patients were still awaiting final diagnosis.

How did this come about? Who was involved in the initial planning? What were the chief health education aspects of the new program? How was this clinic evaluated? What lessons can be learned from this experience?

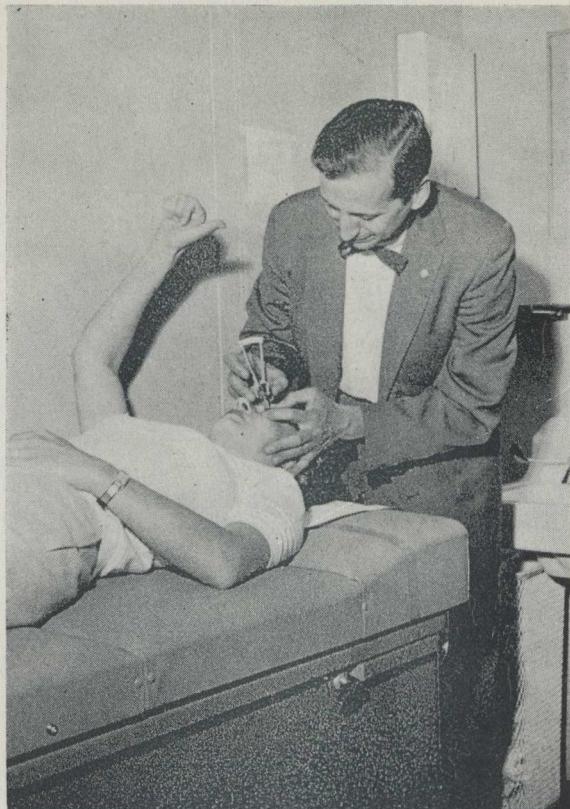
It all began one night in the Spring of 1957 at a meeting of the Health Sub-Council of the Brookline Community Council. A representative of the Lions Club casually remarked that his group was looking for worthwhile projects on which to spend their money. This fell on attentive ears and within a few days

the Health Department approached the club with several ideas, one of which was for a local glaucoma screening program. It was agreed to explore this program further. A search of the literature and correspondence with various groups showed that few places had had any experience with glaucoma screening. Those that did, for the most part, had conducted one-shot screening efforts. Since we wanted to operate a routine glaucoma clinic as part of the Town's regular health services, we proceeded to chart our own course.

INITIAL PLANNING

—In the fall of 1957, the idea was approved by the County Medical Society. A Technical Advisory Committee was then set up to help the Lions Club

and Health Department with certain policy decisions such as criteria for referral, personnel and their functions, types of anesthesia and methods of referral. This group had representatives of ophthalmology, optometry, the Massachusetts Division for the Blind, the Massachusetts Department of Public Health, and the local Lions Club and Health Department. The support and backing of this Committee helped overcome the many roadblocks that can develop with a new public health venture.



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COMMUNITY PARTICIPATION—Over-all community involvement started with special glaucoma orientation programs for such key groups as public health nurses, physicians, social workers, pharmacists, and teachers. The Brookline Community Council recommended the project to its 200 members and 75 member agencies and handled bookings for speakers and films on the subject. The film "Hold Back the Night" proved particularly effective. The Lions Club formed a speaker's bureau and showed this film to numerous groups and organizations. All who saw it agreed that it is one of the best films available on this or any other health subject.

As the target date of April 14, 1958, approached, all the usual channels of communication were employed. News releases, pamphlets, posters, and talks were stepped up. The local library prepared a very attractive display on glaucoma plus a reading list on eye health. An issue of the Town's quarterly Health Bulletin was devoted to glaucoma and included a tear-off sheet for making an appointment. This Bulletin is unique in that it is mailed to each one of the 18,000 households in town. The Welfare Department cooperated on several occasions by enclosing a postage paid appointment card with each of their monthly checks. Since this was the first clinic of its kind in our part of the country, we were fortunately able to involve the Governor and local town officials (the five Selectmen) in several publicity photos. By a stroke of luck, the Reader's Digest featured a story on glaucoma in its April 1958 issue. This served as fine background to our efforts.

Throughout the initial buildup and subsequently, the approach has been to encourage groups to sign up together for a test. Special blocks of appointments were allocated for policemen, firemen, teachers, PTA members, town employees, service clubs, Temple Sisterhoods, Hadassah, Golden Age Clubbers, and others. These clubs proved to be very en-

thusiastic. Most of the members of the four local Golden Age Clubs have had a test themselves and have promoted it among others. In fact, the president of one senior citizens club serves as a volunteer at each clinic. Speaking of volunteers, the Lions Club members and their wives completely staff every clinic with from 6 to 12 volunteers. Their enthusiasm is so contagious that twelve other Lions Clubs in neighboring communities are in various stages of planning glaucoma screening programs for their respective areas.

CLINIC PROCEDURES—Our aim from the beginning was to avoid some of the pitfalls of a traditional clinic—long waiting periods, impersonal handling, and overlooked educational opportunities. Stress was placed on the personal touch through volunteer hostesses and guides, background music, calling the persons by name and having a reasonable waiting period.

As a patient enters, he is greeted by a volunteer host or hostess. After he has hung up his wraps he is interviewed by another volunteer. The interviewer gives him a handout briefly describing each of four eye tests which he will get. (Snellen chart, Harrington-Flock Screener, ophthalmoscopy and tonometry.) She also points out that while he waits his turn he can observe the actual tests depicted on a Tel-A-Story colored slide projector. Next a host calls each patient by name and directs him to the first test. Other volunteers help maintain the traffic flow and guide the patients along.

As each patient finishes the tests he is interviewed by a public health nurse who interprets the results of his examination. (This step was added following an analysis of the initial post clinic reaction sheets.) Those with negative findings are congratulated and given an educational leaflet. Those with positive findings receive support and help in choosing a private or public source of referral for further tests. When each patient returns to the waiting room, a volunteer asks him to complete a post clinic reaction sheet. As the patient leaves he is handed an appointment card and encouraged to pass it on to a friend or member of his family.

EVALUATION—The post clinic reaction sheet was introduced at the first clinic and has been used since to learn how people are hearing about the service and to determine their initial reactions to the examination and clinic atmosphere. One thousand four hundred thirty-four patients took the extra few minutes to fill out these questionnaires. Their responses have been extremely helpful in adjusting procedures within the clinic and in feeding back patients' reactions to the staff and volunteers. In light of some of these, a public health nurse now interprets the test results personally to every patient; a series of educational handouts has been developed to help patients prepare for the tests and understand the results; and volunteer workers have been added to insure a more personal touch to the service.

Patients said they heard about this clinic from the Health Bulletin (578);* newspaper (574); a friend or family (205); at a club meeting (95); or through a school activity (74). Among the most important reasons prompting them to come to the Clinic at this time were: "To see if my eyes were O.K." (622); "My eyes have been troubling me" (144); "My family urged me to have a test" (75); "Someone in my family has glaucoma" (52); "The availability of the clinic" (49).

All respondents said they would recommend it to their family and friends. They listed as reasons, "For their own self protection" (423); "Because of the pleasant and efficient staff" (196); "Wonderful opportunity like this shouldn't be missed" (146).

Ninety-eight per cent said the waiting period was satisfactory while 100 per cent rated the personnel friendly and cooperative. Of the 638 who said they had specific questions about their eyes only 17 said their questions were not answered satisfactorily.

Comments and suggestions for improving this service included "None" (465); "Excellent" (288); "Thank you" (42); "Proud I live in Brookline"; "More publicity"; "Service excellent example of community spirit"; and "It was a privilege to have the examination and in my opinion everyone should take advantage."

CONCLUSIONS: (1) Glaucoma screening is well suited as a public health program—it is simple, accurate, relatively inexpensive and well received by the general public. (2) The stigma associated with TB, Diabetes, mental health and other chronic conditions is not present in glaucoma. (3) Glaucoma screening presents an excellent opportunity to reach and motivate the 40 year and older age group, all too often neglected in public health programs. (4) Key service groups, such as the Lions Clubs, can join effectively with official public health agencies to implement programs.

*Number of times mentioned.